

The National CLASP Partnership on Built Environment and Health



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David L. Mowat, MBChB, MPH, FRCPC, FFPH



An initiative of:

CANADIAN PARTNERSHIP
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The issue

A growing body of evidence demonstrates that the way we design our communities influences key **risk factors** for **chronic disease**, such as:

- Physical activity
- Air quality
- Road safety
- Social capital
- Stress
- Food
- Heat and shade



Impacts of the built environment on health

A growing body of evidence has demonstrated a link between health and the built environment

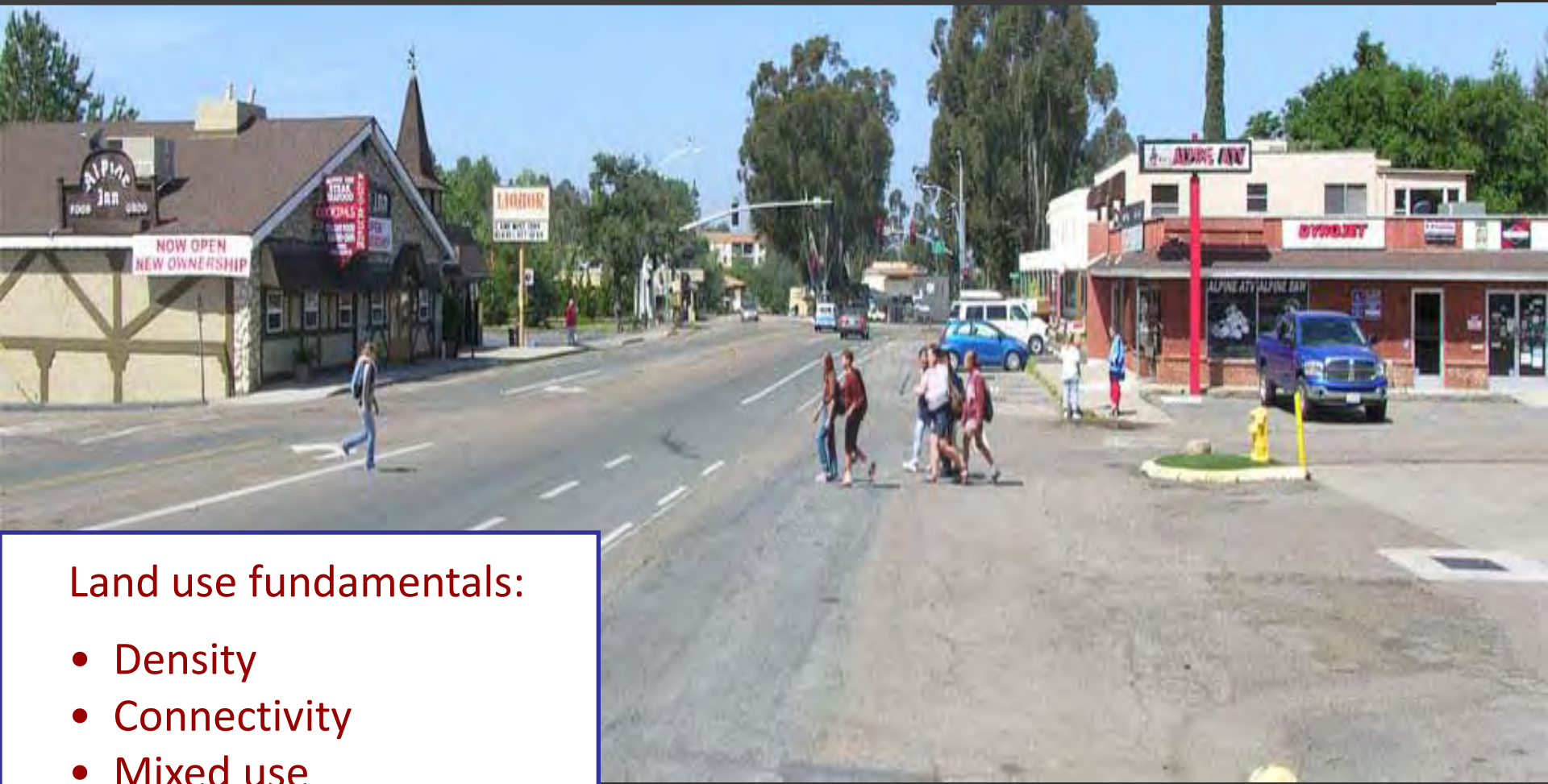
Example:

A recent study found that for every **5% improvement in the walkability** of a neighbourhood, adults who reside there tend to walk and cycle 32% more, have a **lower body mass index** and enjoy **reduced pollution** from automobiles.¹



¹Lawrence D. Frank *et al.* (2006). "Many Pathways from Land Use to Health: Associations between Neighbourhood Walkability and Active Transportation, Body Mass Index, and Air Quality." *Journal of the American Planning Association*, Volume 72, Issue 1, p. 75-87.

Land Use Fundamentals



Land use fundamentals:

- Density
- Connectivity
- Mixed use
- Transportation
- Aesthetics



Who we are

Heart and Stroke Foundation of Canada

Canadian Institute of Planners

Urban Public Health Network

National Collaborating Centres for Healthy Public Policy



Six public health units:

Montreal

Peel

Surrey

Toronto

Vancouver

Victoria



COALITIONS LINKING ACTION
& SCIENCE FOR PREVENTION

An initiative of:

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Together, we are:

1. **Piloting and evaluating** different approaches to translating the latest research into the needed **tools, policies** and **processes** to support policy-makers and practitioners in creating healthier built environments.
2. **Exchanging** knowledge and lessons learned, and seeking out opportunities to adapt practices from one city or region to another.
3. **Cultivating** the building of a cross-sectoral community of practice.



Our purpose

While public health officials across Canada have taken notice of the **links** between health and the built environment and have started to take action, there have been few attempts to unite these efforts under a **strategic, integrated network** of analysis and action.



Formed in 2009, **Healthy Canada by Design** is a cross-provincial and cross-sectoral network to advance the healthy built environment agenda

Healthy Canada by Design is funded through Canadian Partnership Against Cancer's Coalitions Linking Action and Science for Prevention (**CLASP**) initiative.



With the ultimate goal of improving the health of individuals and populations, CLASP reaches beyond the cancer community by supporting coalitions of organizations that cross provincial and territorial boundaries to **integrate** cancer prevention with other **chronic disease prevention** strategies.

National projects

- Development of a **software tool** that would assess the health impacts of land use planning decisions
- Administration of a **residential preferences survey** that would determine the demand for walkable communities, and the degree of discrepancy between current and preferred neighbourhoods, for residents of the **Greater Toronto** and **Greater Vancouver areas**



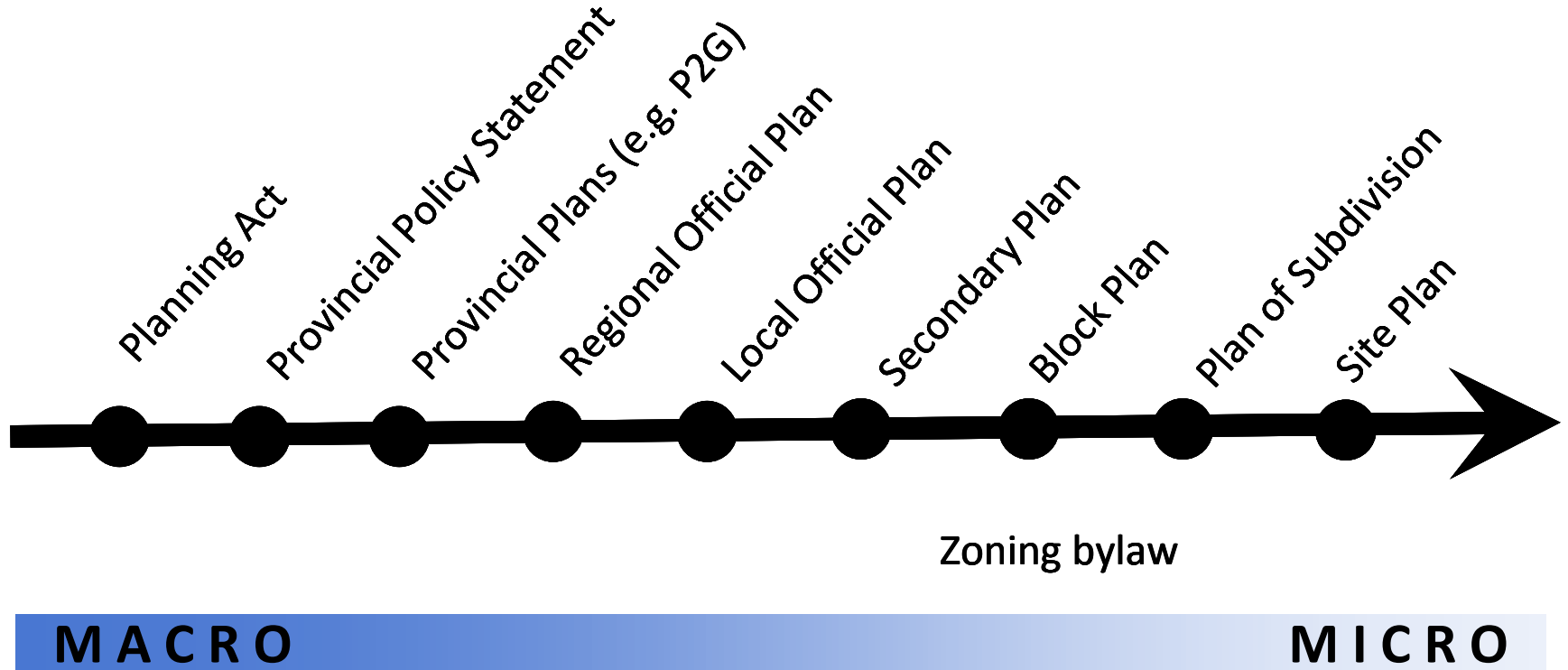
Site-specific projects

- Inventorying, mapping and evaluating **community-based interventions** to promote greener, more walkable neighbourhoods in Montreal
- Developing a framework for **health background studies** in Peel and Toronto
- Developing processes for applying a **Healthy Development Index** to proposed and existing developments in Peel
- Exploring **relationships** between socio-economic status, health outcomes, and the urban built environment in Toronto
- Working with local governments to integrate a **health lens** into planning policy and practice in Surrey, Vancouver and Victoria

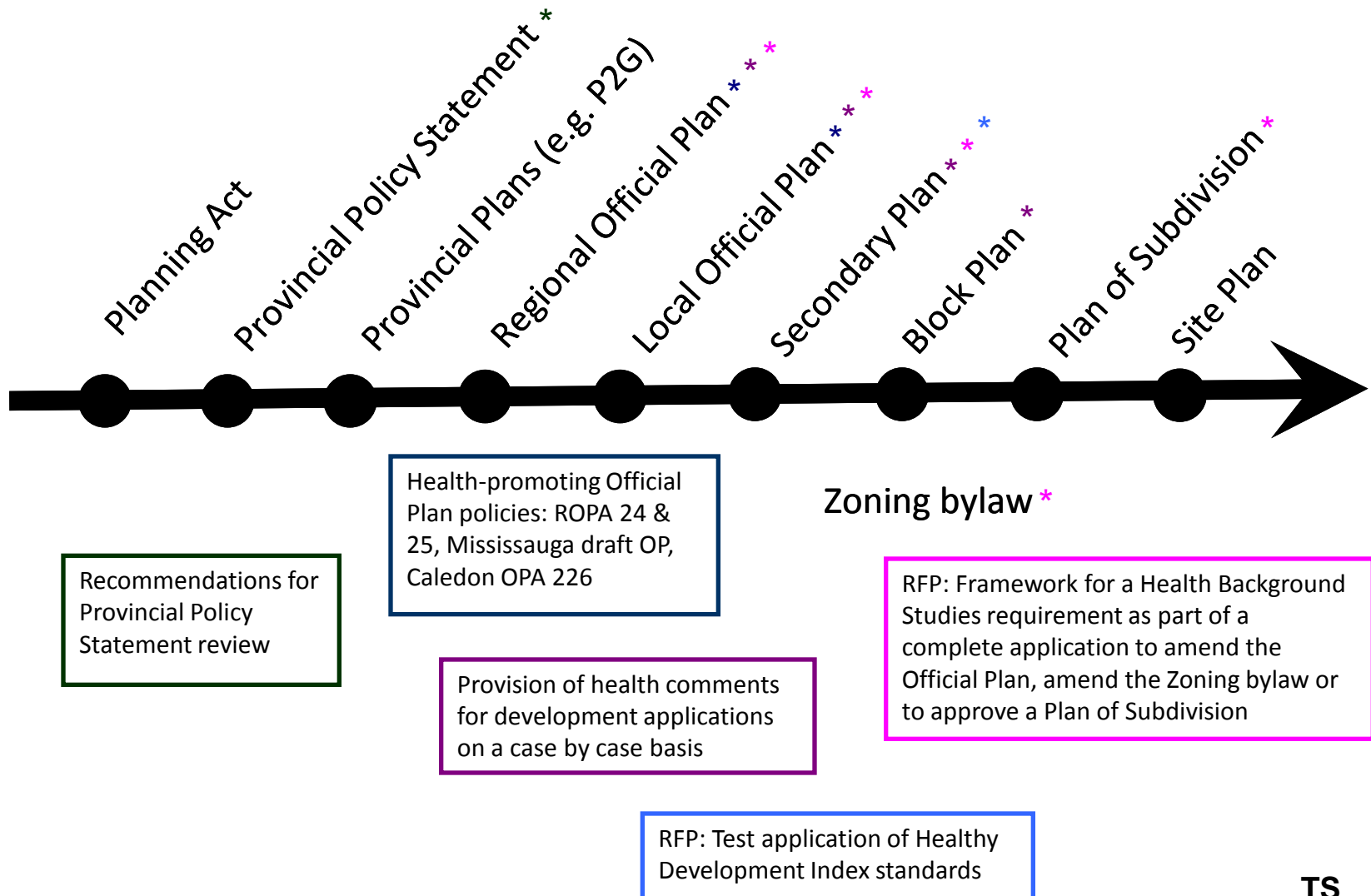


Health Promoting Policy

Creating supportive policies at each level of the planning policy hierarchy



Policy Development



Official Plan Policy



Document	Policy #	Intent
Peel Regional Official Plan Amendment 24	7.9.2.9	The Region will prepare an assessment tool to evaluate the public health impacts of development , jointly with the area municipalities
	7.9.2.10	The Region will work jointly with the area municipalities to raise public awareness of the health impacts related to planning through public and private partnerships
Peel Regional Official Plan Amendment 25	7.3.6.2.2	The Region may require health impact studies as part of a complete development application to amend the Regional Official Plan
	7.9.2.3	The Region may develop public health indicators to analyze the effectiveness of Official Plan policies and serve as a basis for policy adjustments
Caledon Official Plan Amendment 226	4.1.10.3.2	The Town will participate jointly with the Region of Peel and area municipalities in the preparation of an assessment tool for evaluating the public health impacts of development proposals
	4.1.10.3.3	The Town will work jointly with the Region of Peel and area municipalities to raise awareness of public health issues related to planning
Mississauga draft Official Plan	19.3.5	The City may require health impact studies as part of a complete development application
	19.3.7	The City requires all development applications to have regard for public health

The Region of Peel

Towards consistent, evidence-informed comments

Narrative, mostly
qualitative comments



Evidence-based, mostly
quantitative standards
(the Health Index)



Application of
standards to sites →
adjustments to Index
based on feasibility



Ongoing refinement
(based on evaluation,
emerging evidence, etc.)

The Region of Peel

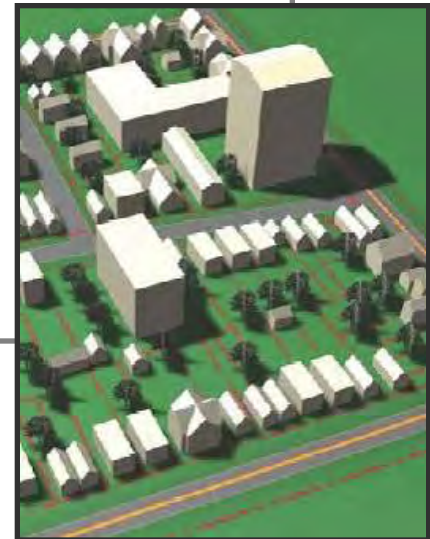
Peel Healthy Development Index

Output:

Index consisting of **seven built environment *elements***:

- Density
- Proximity to services and transit
- Land use mix
- Street connectivity
- Road network and sidewalk characteristics
- Parking
- Aesthetics and human scale

Elements are further broken down into ***measures***, many of which are quantitative



Peel Healthy Development Index – Examples

2. a. Proximity to a Variety of Services and Employment – Prerequisite:

- ❖ $\geq 75\%$ of residential units must be within $\leq 800\text{m}$ of ≥ 5 neighbourhood public services*
- ❖ $\geq 75\%$ of residential units must be within $\leq 800\text{m}$ of ≥ 7 neighbourhood retail services**
- ❖ The centre of primarily residential communities must be within $\leq 800\text{m}$ of the same number of full- and part-time jobs as 50% of the total number of residential dwelling units in the community.
- ❖ The centre of primarily non-residential communities must be within $\leq 800\text{m}$ of the same number of residential units as 50% of the total number of full- and part-time jobs in the community.
- ❖ *We may want to include another option of being able to access sufficient numbers of jobs using transit.*

The elements and measures were pulled from relationships documented in the literature, after strength of evidence analysis



Multiple Stakeholders

- Public, politicians
- Planners
- Public health
- Transportation engineers
- Architects
- Parks and recreation
- School boards
- Conservation
- Utilities
- Developers
- Industry
- Finance



Alice Miro

Project Manager, CLASP Initiative, Built Environment and Health | Responsable de projet, initiative COALITION, environnement bâti et santé

Heart and Stroke Foundation of Canada |
Fondation des maladies du cœur du Canada
Cel: 604.340.6828
amiro@hsf.ca

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